

STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
700 WEST STATE STREET, 3<sup>rd</sup> FLOOR  
PO BOX 83720  
BOISE, ID 83720-0043

**INSTRUCTIONS FOR COMPLETING AND FILING  
SCHEDULE FOR ALLOCATION OF FIRE PREMIUMS  
FIRE & PROPERTY COMPANIES**

1. Read these instructions carefully before completing the Schedule for Allocation of Fire Premiums. If there are any questions regarding this filing, contact the Premium Tax Section at (208) 334-4282, (208) 334-4281, or (208) 334-4280.
2. All companies **MUST** complete and return this schedule on or before March 1.
3. **A copy of the Annual Statement Idaho Business Page, Exhibit of Premium and Losses must be attached**, regardless of negative premiums or if no business was written.
4. **Original signed form must be submitted.** If you need additional instructions or forms, contact this office at a telephone number listed in Item 1. Any computer facsimile statements should be submitted on the same color yellow paper as the corresponding Annual Statement. (Idaho Code § 41-402).
5. The Idaho Certificate of Authority Number (C/A No.) box must be completed. Enter your Company NAIC Identification Number in the box provided. The company name, address and state of domicile must be completed, as all correspondence will be sent to this address.
6. Column 1 - Identifies with the ATTACHED Annual Statement Idaho Business Page 20, Line of Business.
7. Column 2 - Premium amounts must agree with Annual Statement Idaho Business Page 20, Column 1 less Column 3. Report negative premiums.
8. Column 3 - Indicate what percent of each **policy** is actually allocated for fire coverage. Zero percentages must be indicated, do not leave blank. Round the percentage rate to two decimal points. (i.e. 3.98%). **This is not a tax issue. Do not use the domicile state premium tax percent rate.**
9. Column 4 - Must be calculated. Column 2 - Premiums times the two decimal point percentage in Column 3.
10. Enter Total Amount of Premiums Allocated to Fire at the bottom of Column 4.
11. This schedule must be signed and dated by an officer of the company. Unsigned forms will be considered incomplete.
12. All questions concerning this schedule will be directed to the contact person; therefore, include a direct telephone number and extension.